



Gaming Employee Application

MGCB - 1400

Maine Gambling Control Board

**Department of Public Safety
Gambling Control Unit
Central Maine Commerce Center
87 State House Station
45 Commerce Drive, Suite 3
Augusta, Maine 04333-0087
(207) 626-3900 - Office
(207) 287-4356 - Fax**

Revised 4/22/2021

INFORMATION THAT IS CONFIDENTIAL PURSUANT TO 8 MRSA §1006(1)(A)-(G), IS NOT SUBJECT TO RELEASE UNLESS IT IS PUBLICLY AVAILABLE. HOWEVER, INFORMATION AFFORDED CONFIDENTIALITY PURSUANT TO 8 MRSA §1006(1)(H) IS NOT SUBJECT TO RELEASE BY THE GAMBLING CONTROL BOARD, OR STAFF, EVEN IF PUBLICLY AVAILABLE THROUGH OTHER SOURCES.

OTHER AREAS MAY BE CONFIDENTIAL IF PROTECTED BY APPLICABLE STATE OR FEDERAL LAW. APPLICANTS SHALL DISCLOSE THIS INFORMATION WITH THIS APPLICATION IF KNOWN.

APPLICATION INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM. PLACE A CHECKMARK IN THE APPROPRIATE BOX FOR ALL YES OR NO ANSWERS.

I. COMPLETING THIS FORM:

A. The application, as well as other documents submitted to the Gambling Control Unit by or on behalf of the applicant for purposes of determining the qualifications of the applicant, shall be sworn to or affirmed before a notary public in accordance with 8 M.R.S.A. §1017. If any form or document is signed by an attorney for the applicant, the signature shall certify that the attorney has read the forms or documents and that, to the best of his or her knowledge, information and belief, based on diligent inquiry, the contents of the form or documents so supplied are true.

B. The applicant shall initial and date at the bottom of each page, that to the best of their knowledge all information provided is true as of that date and to the extent, if any, that the information in the application or the supplemental information provided by the applicant becomes, outdated, inaccurate or incomplete, the applicant shall notify the Unit in writing as soon as it is aware that the information is outdated, inaccurate or incomplete, and shall at that time supply the information necessary to make the application or supplementary information current, accurate and complete.

C. The applicant shall cooperate fully with the Unit in any background investigation of the applicant.

D. A waiver may be granted in lieu of an employee license pursuant to 8 M.R.S.A. §1015. Should the status of a waived employee change to that of an individual subject to licensing, the Unit shall be notified, and the individual shall submit a license application per 8 M.R.S.A. ch. 31.

E. You must make accurate statements and include all material facts. Any misrepresentation, or the failure to provide requested information, may result in the denial of your application.

F. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you, indicate "Does Not Apply" in response to that question. If there is nothing to disclose in response to a particular question, indicate "None" or "Not Applicable" in response to that question.

Failure to provide a response to every question could result in the delay or rejection of your application.

G. All entries on this form, except signatures, must be typed or printed in block lettering. If your application is not legible, it will not be accepted.

H. If the space available is insufficient to respond to a question, you are to supply the required information on the last page or an additional page and clearly identify which question you are answering.

I. If you make any modification to the pre-printed questions or information contained in this form without consent of the Maine Gambling Control Board or staff, your application will be rejected. Once your application is accepted, it becomes the property of the Gambling Control Unit and will not be returned.

II. BE SURE TO:

- A. Initial and date the bottom of each page.
- B. Sign the Applicant's Request to Release Information form on page 5 in the presence of a notary public or other person legally authorized to notarize your signature.
- C. Sign the Affirmation and Consent on pages 6 & 7 in the presence of a notary public or other person legally authorized to notarize your signature.
- D. Attach a recent (within the past six months) color photograph of yourself in the space provided on page 8.
- E. Ensure that two Applicant FBI fingerprint cards are filled out completely and signed. In addition, the Fingerprint Verification Form on page 9 must be completed and signed by the full time, law enforcement or corrections officer taking your fingerprints.

NOTE: Fingerprints will not be accepted unless the fingerprints were taken by an entity authorized to take fingerprints in the state in which the fingerprints are taken. Cards are to be filled out in BLACK INK.

III. BEFORE YOU SUBMIT THIS FORM TO THE MAINE GAMBLING CONTROL UNIT, BE SURE THAT:

- A. You have reviewed the filing instructions and legal requirements for the type of license, approval or qualification that you are seeking.
- B. You have included all required attachments listed in this form.
- C. The Applicant's Request to Release Information & Affirmation and Consent forms are notarized.
- D. Every question has been answered truthfully and in its entirety.
- E. You retain a completed copy of your application package for your own records.
- F. You have included the Gaming Employee Application fee of \$250 and fingerprint fee of \$49 for a total of \$299.

MAINE GAMBLING CONTROL BOARD

Applicant's Request To Release Information

Applicant's printed name: _____

To all courts, probation departments, employers, educational institutions, banks, financial and other such institutions, and all government agencies-federal, state, and local; foreign and domestic; civilian and military.

I have authorized the Maine Gambling Control Board, its designees, and the Maine State Police to conduct a full investigation into my background and activities.

Therefore you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of the Maine Gambling Control Board, or Maine State Police, provided that he or she certifies to you that I have an application pending before the Maine Gambling Control Board or that I am presently an applicant, licensee, or other person required to be qualified under the provisions of 8 M.R.S.A. Chapter 31.

I hereby release any and all entities from responsibility regarding the information they release to the Gambling Control Board. I hereby authorize the Gambling Control Board and its designees to transmit any information contained in the application, or information that may otherwise become available to them, to any agency, organization, or individual, who, in the judgment of the Board, has a legitimate interest in such information.

If I am an applicant or licensee, I waive liability as to the State, its instrumentalities and agents for any damages resulting from any disclosure or publication in any manner other than a willful unlawful disclosure or publication of any material or information acquired during inquiries, investigations or hearings.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A photocopy of this authorization will be considered as effective and valid as the original.

PRINTED FULL LEGAL NAME (FIRST, MIDDLE, LAST)
SIGNATURE

State of _____) County of _____)

Subscribed and sworn to before me by _____ this _____ day of _____, 20 _____.

My commission expires: _____

Signature (Notary Public)

MAINE GAMBLING CONTROL BOARD

Affirmation & Consent Form

Applicant's Name

I, _____, state the following:

- A. That the statements made in the application and any documents made a part of the application are true and correct;
- B. That the applicant understands that the information provided on application forms required by the Board is used by the Unit, along with other information, in judging the applicant's suitability and that this information may be cause for refusal to issue a license; and
- C. That the applicant understands that knowingly making a false statement in the application, during the application process or in a document made a part of the application, is among the grounds for refusal to issue a license or other disciplinary action, up to and including full revocation or suspension of a license.

I understand that I/the applicant may be subject to criminal prosecution for making false statements on my application, based on the following:

- A. Making a false statement under oath or affirmation constitutes false swearing in violation of 17-A M.R.S.A. § 452 (Class D) provided that I do not believe the statement to be true and that I make the statement with the intent to mislead a public servant performing his/her official duties.
- B. Making a false written statement that I do not believe to be true on my application constitutes unsworn falsification in violation of 17-A M.R.S.A. §453 (Class D).
- C. Making a false written statement that I do not believe to be true with the intent to deceive a public servant in the performance of his/her official duties constitutes unsworn falsification in violation of 17-A M.R.S.A. § 453 (Class D).

I understand that the information provided in this form along with other information will be used by the Board to judge my suitability and that this information may be cause for the refusal to issue a license.

MAINE GAMBLING CONTROL BOARD

Affirmation & Consent

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

In witness whereof, I have executed this release at _____,
City/Town

_____, on the _____ day of _____, 20____.
State

Applicant's Signature

State of _____)

County of _____)

Subscribed and sworn to before me by _____ this _____ day of _____, 20____.

My commission expires: _____

Signature (Notary Public)

IMPORTANT

ATTACH PHOTO

Print your name on the front bottom border
of the photograph before attaching it.

***A PHOTO SHALL BE INSERTED WITH THE ELECTRONIC COPY OF THIS APPLICATION.**

MAINE GAMBLING CONTROL BOARD

Pursuant to Title 8 M.R.S.A §1005(2)(D) the Department of Public Safety shall exchange fingerprint data with, and receive criminal history record information from, the Federal Bureau of Investigation for use in considering an applicant for a license issued pursuant to the provisions of the Chapter 31; Gambling Control Board statute. Therefore all fingerprints submitted will be run through the FBI for a criminal history check.

FINGERPRINT VERIFICATION

This form is to be completed by the law enforcement agency, or upon Board approval, another entity providing the service of a certified, full-time, law enforcement or corrections officer who takes your fingerprints. **Cards are to be filled out in BLACK INK.** *

The enclosed fingerprint cards contain the prints of _____
Name

Name of Person Taking Fingerprints	Title
Law Enforcement Agency Name	
ORI # or Certification #	
Signature	Date

***QUESTIONS REGARDING THIS FORM CAN BE ADDRESSED BY CALLING THE MAINE STATE POLICE GAMBLING CONTROL UNIT AT (207) 626-3900.**

**PLEASE PRINT OR TYPE THE ANSWERS TO THE
FOLLOWING QUESTIONS IN THE SPACES PROVIDED**

PERSONAL DATA

NAME: LAST (INCLUDE SR., JR., ETC., IF APPLICABLE) **FIRST** **MIDDLE**

SEX **COLOR OF EYES** **COLOR OF HAIR** **HEIGHT** (FEET/INCHES) **WEIGHT** (LBS)

MAILING ADDRESS/POSTAL ADDRESS:

NUMBER AND STREET **APT #** **CITY/TOWN** **STATE/PROVINCE** **ZIP/POSTAL CODE**

HOME ADDRESS: (IF DIFFERENT THAN MAILING ADDRESS/POSTAL ADDRESS)

NUMBER AND STREET **APT #** **CITY/TOWN** **STATE/PROVINCE** **ZIP/POSTAL CODE**

TELEPHONE NUMBER: () _____ **EMAIL ADDRESS:** _____
(AREA CODE & NUMBER)

PRESENT BUSINESS ADDRESS:

NUMBER AND STREET **APT #** **CITY/TOWN** **STATE/PROVINCE** **ZIP/POSTAL CODE**

BUSINESS TELEPHONE NUMBER: () _____ **EXT.** _____
(AREA CODE & NUMBER)

FAX NUMBER: () _____
(AREA CODE & NUMBER)

DATE OF BIRTH: (MO)(DAY)(YEAR)

PLACE OF BIRTH (CITY/STATE/COUNTRY)

Social Security Number: _____ *

*The following statement is made pursuant to the Privacy Act of 1974, §7(b): Disclosure of your Social Security number is mandatory. Solicitation of your Social Security number is solely for tax administration purposes pursuant to 36 M.R.S.A. §175 as authorized by the Tax Reform Act of 1976 (42 U.S.C. §405 (c)(2)(C)(i)) and for child support enforcement purposes pursuant to 42 U.S.C. §666 (a)(13)(A) and 19-A M.R.S.A. §2104, 2201. Your Social Security number may be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes and / or to the Department of Health and Human Services, Division of Support Enforcement and Recovery for use in child support enforcement procedures. **No further use will be made of your Social Security number without your consent.** It shall be treated as confidential tax information pursuant to 36 M.R.S.A. § 191 and confidential support enforcement information pursuant to 19-A M.R.S.A. §2152.

1. Have you ever been known by any other name(s) or alias(es)?

☐ Yes ☐ No

If yes, list the additional names below and specify dates of use for each. (Include maiden names, aliases, nicknames, other name changes, legal or otherwise)

2. Do you have any scars, tattoos, or other distinguishing marks and/or characteristics? If so, please describe.

3. Are you a citizen or permanent resident of the United States?

☐ Yes ☐ No

If not, of what country are you a citizen? _____

4. Have you ever been issued a passport?

☐ Yes ☐ No

If yes, provide the following information about your passport(s) in addition to copies of each page including any visas, work permits or permanent residence authorizations:

PASSPORT NUMBER	COUNTRY OF ISSUE	PLACE ISSUED	DATE ISSUED	EXPIRATION DATE
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RESIDENCE DATA

5. Beginning with your current residence(s) and working backward, provide the following information with respect to each place where you have lived (including residences while attending college or while in military service) during the last fifteen years or since the age of 18, whichever is less.

FROM (MO/YR)	TO (MO/YR)	ADDRESS STREET, APT, CITY/TOWN, STATE ZIP	NAME OF MORTGAGE HOLDER OR LANDLORD AND ADDRESS

FAMILY/SOCIAL DATA

6. Provide information below regarding your current marriage and spouse:

Date of Marriage: _____

Where Married: _____
(CITY/TOWN) (COUNTY) (STATE/PROVINCE) (COUNTRY)

Name of Spouse: _____
(FIRST NAME) (MIDDLE NAME) (MAIDEN NAME)

Date of Birth: _____ Place of Birth: _____
(CITY/TOWN) (STATE/PROVINCE) (COUNTRY)

Spouse's Occupation: _____

Home Address: _____
(STREET) (CITY/TOWN) (STATE/PROVINCE) (ZIP/POSTAL CODE)

Telephone Number: () _____
(AREA CODE & NUMBER)

7. In the chart below, list the names of all your biological children, stepchildren and adopted children and the amount of financial support, if dependents. Also, list all other persons to whom you presently provide support and the amount provided.

NAME OF CHILDREN OR DEPENDENTS	DATE OF BIRTH	AMT. OF SUPPORT	PRESENT ADDRESSES OF CHILDREN OR DEPENDENTS

7A. Please mark the appropriate response regarding your child support obligations:

____ I am not subject to a court order for the support of a child.

____ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the public agency/court enforcing the order for the repayment of the amount owed pursuant to the order (indicate amount in Question 4 above); or

____ I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the public agency/court enforcing the order for the repayment of the amount owed pursuant to the order. Identify the public agency/court responsible for enforcing the child support order:

Name: _____

Address: _____

Contact Person: _____

MILITARY SERVICE DATA

8. Have you ever served in a military organization of any country or have you been an active or inactive member of a reserve force of any country?

☐ Yes ☐ No

If yes, provide the following information:

Country of Service: _____

Branch of Service: _____ Service Identification #: _____

Highest Rank Held: _____

Period(s) of Active Service: From: _____ To: _____

From: _____ To: _____

9. Date and type of discharge or separation (Honorable, Dishonorable, Other Than Honorable, Medical, etc.) from Military Service(s):

Date of each discharge/separation:

Type of discharge(s):

Attach a copy of your discharge records. If unavailable, attach a copy of a letter to the appropriate branch of the military requesting a copy of your discharge records. If in the reserves, please attach a copy of your discharge papers. *

***In the United States, a discharge record is called a DD Form 214. If you have served in the U.S. military, you should provide a copy of this record. If your military service was in another country, you should provide a copy of whatever official documentation was provided to you at the time of your discharge.**

10. Have you been subject to court martial or non-judicial punishment by the United States Military, regardless of outcome? **

☐ Yes ☐ No

If yes, complete the following chart:

NATURE OF CHARGE OR ARREST	DATE AND LOCATION OF CHARGE	DISPOSITION AND SENTENCE	NAME OF ORGANIZATION FILING CHARGES

****Members of the United States Military are subject to the Uniform Code of Military Justice. Charges for violations of the Uniform Code of Military Justice may be resolved at different levels of court martial or through non-judicial (administrative or “Article 15”) punishment.**

EDUCATIONAL DATA

11. Beginning with high school, provide the dates attended, name and address of school, type of degree or certification and a short description of the program with respect to each school, college, university, graduate, or post-graduate school you have attended.

DATES ATTENDED	NAME AND ADDRESS OF SCHOOL	LIST TYPE OF DEGREE OR CERTIFICATION	DESCRIPTION OF PROGRAM

EMPLOYMENT AND LICENSING DATA

12. Have you ever been employed by a casino or gaming/gambling related company in any jurisdiction? *

☐ Yes ☐ No

***Casino or gaming/gambling related company includes any form or type of casino, gaming/gambling related operation, any manufacturer of gaming/gambling equipment, junket enterprise, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, Internet gaming, etc.**

DATES	NAME OF GAMING/GAMBLING COMPANY AND COUNTRY/STATE WHERE EMPLOYED	TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	REASON FOR LEAVING

13. In the chart below, provide the information regarding your employment for the past fifteen years or until the age of 18, which ever is less. **Begin with your present job offered at either casino in Maine** and work backward. Give dates of any unemployment between jobs in proper sequence. Include all part-time and full-time employment and any military service.

DATES	NAME, ADDRESS, TELEPHONE, AND SUPERVISOR OF EMPLOYER	TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	REASON FOR LEAVING

14. With regard to the previously listed employment:

a. Were you ever discharged, suspended or asked to resign from employment?
☐ Yes ☐ No

b. During the last fifteen-year period, were you ever charged with any infraction in relation to any employment, which was the subject of any disciplinary action?
☐ Yes ☐ No

b. During the last fifteen-year period, did you ever resign or quit your employment to avoid any disciplinary action or from being fired?
☐ Yes ☐ No

If yes to either question, complete the following chart as to each time you were discharged, suspended, asked to resign or disciplined:

DATE OF DISCIPLINARY ACTION	NAME, ADDRESS, TELEPHONE, AND SUPERVISOR OF EMPLOYER	TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	REASON FOR DISCHARGE, SUSPENSION OR RESIGNATION

15. Have you ever applied for, or held, a license, permit, registration, finding of suitability, qualification or other authorization to participate in any form or type of casino, gaming/gambling related operation (including any manufacturer of gaming/gambling equipment, junket operation, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, Internet gaming, etc.) in this or any jurisdiction? You must answer “YES” to this question if you ever applied and your application was granted, denied, returned to you by the gaming agency for any reason, withdrawn, suspended, surrendered or is currently pending.

☐ Yes ☐ No

If yes, complete the following chart:

DATE OF APPLICATION	NAME & ADDRESS OF LICENSING AGENCY / ORGANIZATION	TYPE OF LICENSE OR APPROVAL	DISPOSITION (GRANTED, DENIED, OR PENDING)	LICENSE NUMBER & HELD BY WHOM

CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS

The next question asks about any arrests, charges, or offenses you may have committed. Prior to answering this question, carefully review the definitions and instructions, which follow.

DEFINITIONS: For purposes of this application:

- A. “Arrest” signifies the apprehension or detention of a person in order that he may be forthcoming to answer for an alleged crime.
- B. “Charge” includes any indictment, complaint, information, summons, or other notice of the alleged commission of any “offense.”
- C. “Offense” for the purpose of this application, includes all crimes, felonies, misdemeanors, driving while intoxicated/impaired motor vehicle offenses and violations of probation, civil contempt, or any other court order.
- D. “Convictions” include a finding of guilt (1) after trial by a jury or judge, (2) following a plea of guilty, or (3) following a plea of nolo contendere.

INSTRUCTIONS: Answer “YES” and provide all information to the best of your ability EVEN IF:

- A. You did not commit the offense charged;
- B. The charges were dismissed or subsequently downgraded to a lesser charge;
- C. You completed a Pretrial Intervention (PTI) or equivalent diversionary program in other jurisdictions;
- D. You were not convicted;
- E. You did not serve any time in prison or jail; or
- F. The charges or offenses happened a long time ago.

Answer “NO” IF any records relating to a charge, arrest or conviction have been expunged or otherwise officially sealed by a court or government agency, or if you have been granted a full and free pardon.

IMPORTANT

The Maine State Police Gambling Control Unit will make inquiries to establish whether the applicant has had involvement with any law enforcement agency. Failure to disclose any such involvement will be taken into account in assessing your character, honesty, and integrity.

16. Have you ever been arrested, summonsed, charged or indicted for any criminal offense? You must answer “Yes” to this question if a criminal charge was initiated against you, even if the charge was subsequently reduced, amended or dismissed.

☐ Yes ☐ No

If yes, complete the following chart:

DATE OR CHARGE OF OFFENSE	NATURE OF CHARGE OR OFFENSE AND LOCATION OF WHERE INCIDENT OCCURRED	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT	DISPOSITION AND SENTENCE

17. Have you ever been convicted of a criminal offense? You must answer “Yes” to this question if you plead guilty, plead nolo contendere, or were found guilty after trial held before a judge or jury.

☐ Yes ☐ No

If yes, complete the following chart:

DATE	NAME AND ADDRESS OF GOVERNMENTAL AGENCY	NATURE OF PROCEEDING

18. To the best of your knowledge, have you ever been the subject of a criminal, civil or administrative investigation? Such an investigation may have been conducted by a law enforcement agency (local, county, provincial, state, federal, etc.) a governmental agency/organization, a court, a commission, a committee or a grand jury.

☐ Yes ☐ No

If yes, complete the following chart:

INVESTIGATION PERIOD	NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDING OR INVESTIGATION	DATES OF TESTIMONY IF GIVEN

19. Have you ever received a reduction of charges, reduced sentence, or pardon for testimony provided before a federal, national, state, county grand jury, or other criminal investigatory body, to include any civil or administrative proceeding or hearing?

☐ Yes ☐ No

If yes, complete the following chart:

DATE OF ACTION	NAME AND ADDRESS OF GOVERNMENTAL AGENCY / ORGANIZATION GRANTING PARDON, DISMISSAL, OR DEFERRAL	TYPE OF ACTION TAKEN

20. Have you ever been barred or otherwise excluded, for any reason, other than for the denial, suspension or revocation of a license or registration, from any form or type of casino or gaming/gambling related operation in any jurisdiction? (Check "YES" even if the disbarment or exclusion is no longer in effect or has been lifted.)

☐ Yes ☐ No

If yes, complete the following chart:

DATE	GAMING / GAMBLING AGENCY	REASON FOR EXCLUSION

VEHICLE OPERATOR DATA

21. In the chart below, list all current operator licenses (automobiles, motorcycles, airplanes, boats, recreational vehicles, etc.) issued to you in any jurisdiction:

DATE LAST ISSUED	LICENSE NUMBER AND TYPE	JURISDICTION ISSUING LICENSE	EXPIRATION DATE OF LICENSE

22. Provide the names and other information requested of three (3) references over the age of 18 who have known you for at least one year and can attest to your good character and reputation. You may not use a member of your family as reference. For purposes of this question, family members include spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in law (whether by whole or half blood, by marriage, adoption or natural relationship).

REFERENCE ONE

Name _____ Business Address _____
Address _____

Telephone No. () _____
Email Address _____ Occupation _____
How long have you known the reference? _____

REFERENCE TWO

Name _____ Business Address _____
Address _____

Telephone No. () _____
Email Address _____ Occupation _____
How long have you known the reference? _____

REFERENCE THREE

Name _____ Business Address _____
Address _____

Telephone No. () _____
Email Address _____ Occupation _____
How long have you known the reference? _____

23. Have you ever been adjudicated of committing a civil violation or convicted of a criminal violation involving dishonesty, deception, misappropriation or fraud?

☐Yes ☐No

If yes, please explain:

24. Have you ever engaged in conduct in the State of Maine or in any other jurisdiction that would constitute a violation of Title 8, Chapter 31 [Gambling Control Board]; Title 8, Chapter 11 [Harness Racing] involving gambling; Title 17, Chapter 13-A [Beano or Bingo]; Title 17, Chapter 62 [Games of Chance]; Title 17-A, Chapter 39 [Unlawful Gambling]; or substantially similar offenses in other jurisdictions?

☐Yes ☐No

If yes, please explain:

25. Are you a fugitive from justice?

"Fugitive from justice" means: (15 M.R.S.A. § 201 (4))

- A. Any person accused of a crime in the demanding state who is not in that state, unless he is lawfully absent pursuant to the terms of his bail or other release. This definition shall include both a person who was present in the demanding state at the time of the commission of the alleged crime and thereafter left the demanding state and a person who committed an act in this State or in a 3rd state or elsewhere resulting in or constituting a crime in the demanding state; or [1977, c. 671, § 3 (new) .]**
- B. Any person convicted of a crime in the demanding state who is not in that state, unless he is lawfully absent pursuant to the terms of his bail or other release, who has not served or completed a sentence imposed pursuant to the conviction. This definition shall include, but not be limited to, a person who has been released pending appeal or other review of the conviction, the review having been completed; a person who has been serving a sentence in this State; a person who has escaped from confinement in the demanding state; or a person who has broken the terms of his bail, probation or parole. [1981, c. 317, § 1 (amd).]**

☐Yes ☐No

If yes, please explain:

26. Are you a drug abuser (5 M.R.S.A. § 20003 (10))?

"Drug abuser" means a person who uses any drugs, dependency-related drugs or hallucinogens in violation of any law of the State.

☐ Yes ☐ No

If yes, please explain:

27. Are you a drug addict (5 M.R.S.A. § 20003 (11))?

"Drug addict" means a drug-dependent person who, due to the use of a dependency-related drug, has developed such a tolerance to the dependency-related drug that abrupt termination of its use would produce withdrawal symptoms.

☐ Yes ☐ No

If yes, please explain:

28. Are you a drug-dependent person (5 M.R.S.A. § 20003 (12))?

"Drug-dependent person" means any person who is unable to function effectively and whose inability to do so causes, or results from, the use of a dependency-related drug.

☐ Yes ☐ No

If yes, please explain:

29. Are you an illegal alien?

☐ Yes ☐ No

30. Are you current in filing all applicable tax returns and in the payment of all taxes, penalties and interest owed to this State, any other state or the Internal Revenue Service, excluding items under formal appeal?

☐ Yes ☐ No

If no, please explain:

31. Have you ever been a part of a lien, bankruptcy, repossession, garnishment of wages or have any liabilities?

If yes, please explain:

☐ Yes ☐ No

32. Have you ever intentionally, knowingly or recklessly caused bodily injury or offensive physical contact to a spouse, former spouse, an individual presently or formally living as a spouse or sexual partner, natural parents of the same child, adult household member related by consanguinity or affinity or minor child of any household member?

☐ Yes ☐ No

If yes, please explain:

33. Have you ever been served with a protection from abuse order (PFA) or a protection from harassment order (PFH)?

☐ Yes ☐ No

If yes, please explain:

As indicated in the instructions on page 2 of this form, this page is to be used by you for any questions that require additional space to answer. The number of the question must be stated immediately prior to your answer.

**IDENTIFY ALL ANSWERS BY ORIGINAL QUESTION NUMBERS USE
ADDITIONAL PAGES IF NECESSARY**